H10000001439

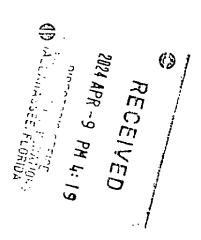
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
APR 1 0 2024	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/09/2024	
Name:	Patrice Rush	<u> </u>
Reference #:	2327546	<u> </u>
	KUHANA	ASSOCIATES, LLC
Article	s of Incorporation/Authorization	on to Transact Business
Amen	dment	
☐ Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er.	
✓ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	(Pall	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/09/2024	
Name:_	Patrice Rush	_
	nce #: 2327546	_
	lame: KUHANA A	SSOCIATES, LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
□ F	Reinstatement	
	Conversion	
N	Merger	
√ [Dissolution/Withdrawal	
□ F	Fictitious Name	
	Other	
Authoria	zed Amount: \$25.00	
Signatu	re:	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

то:	Registration Division of	Section Corporations			
SUBJE	CT:	Kul	nana Associat	tes, LLC	;
		(Name of For	eign Limited Liab	ility Com	pany)
Dear Sir	r or Madam:				
The enc	losed withdra	awal and fee(s) are submitte	d for filing.		
Please re	eturn all corr	espondence concerning this	matter to the follo	owing:	
		George Gusman II			
•	-	(Name of Person)			
	}	Kuhana Associates, L	LC		
		(Firm/Company)			
	700	Bishop Street Suite	220C		
		(Address)			
		Honolulu, Hawaii 968	13		
		(City/State and Zip Cod	le)		
For furt	her informati	on concerning this matter, p	lease call:		
	Geo	rge Gusman III	at (<u>80</u>	8)	258-6775
	(N	ame of Person)	(Area C	ode & Day	time Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			on Section f Corporations 5327	
Enclose	ed is a check	for the following amount:			
⊠ \$25 I	Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fe Certified Cop		\$60 Filing Fee, Certificate of Status & Certified Copy

FILED 2024 AFR -9 AM 10: 47 NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kuhana Associates, LLC
(Name of limited liability company)
Hawaii
(Jurisdiction of its organization)
3/29/2010
(Date registered with Florida Department of State)
M10000001439
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
(Signature of authorized representative)
George Gusman III
(Typed or printed name of signee)

Filing Fee: \$25.00